



## Texas – DELL CHILDREN'S HEALTH PLAN Clinical Edit Prior Authorization Contraceptives

STEP 1: CLEARLY PRINT AND COMPLETE TO EXPEDITE PROCESSING	
Date:	Prescriber First & Last Name:
Patient First & Last Name:	Prescriber NPI:
Patient Address:	Prescriber Address:
Patient ID:	Prescriber Phone:
Patient Date of Birth:	Prescriber Fax:
Medication Requested (Name):	Quantity Requested:
Dose Requested:	Dosing Instructions:

STEP 2: COMPLETE REQUIRED CRITERIA
<p><b>Please Note: Contraceptives prescribed for the prevention of pregnancy will not be approved</b></p> <p><input type="checkbox"/> Contraceptive is medically necessary and prescribed for a medical diagnosis other than the prevention of pregnancy</p> <p><input type="checkbox"/> Indicate Primary Diagnosis: _____ ICD-10 Code: _____</p>

STEP 3: SIGN AND FAX TO: NAVITUS PRIOR AUTHORIZATION AT: 855-668-8553
<p><b>Prescriber Signature:</b> _____ <b>Date:</b> _____</p>

If criteria not met, submit chart documentation with form citing complex medical circumstances  
 If approved, coverage allowed for 1 year (subject to formulary changes)  
 For questions, please call Navitus Customer Care at 1-877-908-6023